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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097483 (8)

FILED Apr 29 1998 8:00am Secretary of State

| | IICAN MEDICAL CONSULTA | ANTS, INC. | | I INDIANA INDIANA BININ BENIN | 1811 1821 1126 1126 1416 1111 1831 |
|---|--|---|--|---|---|
| BdlI Di- | 70 | N. W Addres | | | |
| • | ace of Business | Mailing Address | | | • |
| | BTON AVE SUITE 100 IDALE FL 33325 | 11625 S.W. 110TH RD Miami FL 33176 | | | |
| 1) SIGOLINGIE IL OVIEV | | MINM TE SOTTO | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 12/21/1995 | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Ap | # 610 | Suite, Apt. #, etc. | | 65-0632916 | Not Applicable \$8.75 Additional |
| 22 | i. #, 6 10. | 27 | | 5. Certificate of Status Desired | Fee Regulred |
| City & St | ate | City & State | | 8. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zıp | Country | 8. This corporation owes or has paid the | current year Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes 🗋 No |
| | 9. Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New Register | ed Agent |
| | iassner, wayne h | | 81 Name. | | ! |
| | 700 N KENDALL DR SUITE 803 | | 82 Street Add | ress (P.O. Box Number is blot Acceptable) | vite 510 |
| M | IIAMI FL 33156 | | 83 | N. Kendali PRIVE, 5 | olte 210 |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 44 0 | 1 Carting 607 0 | (()2 d ()27 15 () | | | L 63 Zip Code |
| II. PUISUAI | it to the provisions of Sections 607.03 | 302 and 607. 1306, Florida Sta | lutes, the above harried corp | poration southlis this statement for the purpos | appointment as registered |
| office or | r registered agent, or both, in the Sta | ite of Florida, Such change wa | is authorized by the corpora | mon's board of directors, I hereby accept the a | appointment as registered |
| office or agent. I | r registered agent, or both, in the Sta am familiar with, and accept the obt | ite of Florida. Such change wa igations of, Section 607.0505. | is authorized by the corpora Florida Statules. | poration submits this statement for the purpos ation's board of directors. I hereby accept the | appointment do registeres |
| office or agent. I SIGNATURE | | | | | |
| | Signature, typod or printed name of registered a | | is authorized by the corporal Florida Statules. HOTE: Registered Agent signalure reque | | E |
| SIGNATURE | Signature, typod or printed name of registered a | ageril aed title if applicable (N | iOTÉ: Registered Agont signature requi | ured when re-instating) DAT | E |
| SIGNATURE | Signature, typed or printed name of repostered a OFFICERS A DC KIRSCHNER, MICHAEL | agent and take if applicable (N. N.D. DIRE.CTORS | OTE: Registered Agont signature reque | ured when re-instating) DAT | E AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE | Signature, typod or printed name of registered a OFFICERS A DC KIRSCHNER, MICHAEL 471 LEXINGTON AVE SUITI | agent and title if applicable (NO DIRECTORS DELETE | IOTÉ: Registered Agont signature requi 13. 1.1 TITLE | ured when re-instating) DAT | E AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME | SIGNATURE, typed or printed name of requirements OFFICERS A DC KIRSCHNER, MICHAEL 471 LEXINGTON AVE SUITH FT LAUDERDALE FL 33325 | agent and title if applicable (NO DIRECTORS DELETE | NOTE: Registered Agont signature requirements 13. 1.1 TITLE 1.2 NAME | ured when re-instating) DAT | E AND DIRECTORS IN 12 Change Addition |
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Indicated on this annual report or supplied with this filing doos not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attrichment with an address.

4/10/98

954-424-8777